

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: April 1-June 30, 2017 Quarter 4

Grantee: Emergency Pregnancy Service of Rochester (d.b.a. Birthright of Rochester)

Vendor #0000285534

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	1	3	3	3	3	6	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
2	4	3	8	2	0

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
4	15	0

4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
12	5	1	0	0	0	1

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
6	12	1

6. Client Type:

Mother	Father	Grandparent	Other
19	0	0	0